

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12	1					
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22	1					
23	1					
24		2				
25		2				
26	1					
27	1					
28	1					
29		1				
30		1				
31		1				
32		2				
33	1					
34		3				
35		3				
36	1					
37	1					
38		2				
39	1					
40	1					
41	1					
42	1					
43		1				
44		1				
45	1					
46	1					
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49						
50						
TOTAL IND.	17					
TOTAL DEP.	46					
TOTAL CLAIMS	63					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

# CLAIMS ONLY

SERIAL NO.

08/873,978

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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100						
TOTAL IND.	2					
TOTAL DEP.	2					
TOTAL CLAIMS	2					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4					
TOTAL DEP.	5					
TOTAL CLAIMS	9					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS